

CITY OF SAN BRUNO

COMMUNITY DEVELOPMENT DEPARTMENT BUILDING DIVISION

567 El Camino Real, San Bruno, CA 94066-4247 (650) 616-7076

BUILDING PERMIT APPLICATION

Permit #_____

Project Address:		
PROPERTY OWNER		
Name:	Tenant:	
Address:		
City/State/Zip:		
APPLICANT		
Name:	_ ◇ Architect ◇ Owner ◇ Engineer ◇ Tenant ◇ Contracto	
License #	Phone:	
Address:		
Email:		
CONTRACTOR		
Name: S	State License #: Exp:	
Address:	City/State/Zip:	
Phone: Workman's Compensation Carrier:		
FAX: Policy #	Exp:	
Description of Work:	<u>sidential</u>	
□ New Building □ Addition □ Alteration	□Termite/Dry rot repair	
□ Demolition □ Sign □ Foundation Or	nly Chimney Repair	
□ Swimming Pool/ Spa □ Fire Repair □ Reroof	_sq. ft. □ Plumbing	
□ Windows □ Deck or Patio cover □ Other □	Electrical Mechanical	
Building Area: sq. ft. Building Height:	Stories:	
EXISTING: Floor Area: Garage:	Other: # of Units:	
PROPOSED: Floor Area: Garage:	Other: # of Units:	
Number of Bedrooms: Number of Bathrooms: Total Number of Rooms:		
Lot Size: Lot Dimension: Lot Coverage%:		
Setbacks: FRONT: REAR: LEFT:	RIGHT:	

DESCRIPTION OF WORK:		
CONSTRUCTION VALUATION: \$		
state that the information given is correct. I a	nce and Authorization of Entry. I certify that I have read this application and gree to comply with all state laws and city ordinances relating to building the City of San Bruno Building Division to enter upon the property for which I making inspections.	
Signature	Date:	

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